

# Foster Family Home - Deficiency Report

Provider ID: 1-180013

Home Name: Imie Rose Zaluaga, LPN

Review ID: 1-180013-10

1348 17th Avenue

Reviewer: Julie Hastings

Honolulu

HI 96816

Begin Date: 9/28/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

HOME REQUESTING TO INCREASE TO 3 CLIENTS

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 10/28/2021.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)

8.(a)(2)

CG#2 1 set FP 8/18/2020 due 2021, no new  
HHM#4 has no Fingerprint/APS/CAN on record

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)

HHM#1, and HHM#4 do not have privacy/confidentiality training

## Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) HHM #4 and 2 minors do not have TB clearance

# Foster Family Home - Deficiency Report

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

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Comment:

51.(a)(1)  
CG#4 not on liability insurance



\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Primary Care Giver

9/28/2021

\_\_\_\_\_  
Date

9/28/2021

\_\_\_\_\_  
Date

CTA RN Compliance Manager: Julie Hastings

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Imie Rose Zaluaga

(PLEASE PRINT)

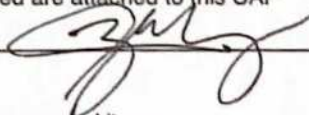
CCFFH Address: 1348 17th Ave., Honolulu, Hawaii 96816

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a) (1),(2)	Fingerprint/APS/CAN were made for CG#2 & HHM#4. ■CG placed the results in the CCFFH binder.	10/28/ 2021	I will set a reminder to my iPhone, 2 weeks before the expiration dates for APS/CAN and fingerprints for all CGs. This will prevent any future lapses.
16. (b) (5)	■CG oriented/discussed the confidentiality policies & procedures training and client primary rights to HHM#1 and HHM#4. Both signed in the household member training form and it was placed in the CCFFH binder.	10/20/ 2021	■CG will make a check-list of all the household member's requirements and be sure to obtain them every time there are changes/additional. I will set a reminder weekly to my Iphone/laptop to review my CCFFH binder to ensure proper documentation.
41.(f) (1)	Made a letter stating that HHM#4 and the 2 HHM (minors) will not have a direct contact with the residents and will not be around the residents for more than 10 hrs a day.	10/28/ 2021	■CG will make a check-list of all the household member's requirements and be sure to obtain them every time there are changes/additional. ■CG will ensure to remind caregivers and HHMs to get TB test/ TB attestation yearly.

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_



Date: 10/28/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings

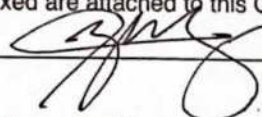
Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Imie Rose Zaluaga  
(PLEASE PRINT)

CCFFH Address: 1348 17th Ave., Honolulu, Hawaii 96816  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
51.(a) (1)	Called liability insurance provider to include CG#4 on the list of caregivers. Updated form was placed on the CCFFH binder.	10/22/ 2021	CG will ensure to make a list of all the caregivers' names prior to filling out forms in enrolling in the next year's liability insurance. Immediately call liability insurance provider when adding new caregiver.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/28/2021

CTA has reviewed all corrected items